

**Vendor's Company Name:**

**Nebraska Medicaid Managed Care Enrollment Broker Operations Cost Proposal  
Revised Attachment E  
of RFP #4188 Z1**

**Budget Summary by Component/Program and Expense Type**

Expense Type	Enrollment Broker Operations Year 1	Enrollment Broker Operations Year 2	Enrollment Broker Operations Year 3	Total
<b>Direct Labor</b>				
Salaries				
Benefits %				
Sub-total				
<b>Additional Expenses not related to direct labor (if applicable)</b>				
Consultants (List Each Separately)				
Sub-Contractors (List Each Separately)				
Network Support (List Each Type of Support Separately)				
Admin Support (List Each Type of Support Separately)				
Additional Expenses				
Additional Expenses (1)				
Additional Expenses (2)				
Additional Expenses (3)				
Sub-total				
<b>Total Direct Labor and Additional Expenses</b>				
Indirect Rate (1)				
Indirect Rate (2) (if applicable)				
Sub-total				
<b>Total Direct Labor, Additional Expenses and Indirect rate</b>				
Administrative Fee				
Sub-total				
<b>Total Direct Labor, Additional Expenses, Indirect rate, and Administrative Fee</b>				
<b>Additional Expenses not related to above:</b>				
Capital Expenditures (Including lease payment)				
Postage / Delivery expenses				
Software (including License fees)				
Office Rent (incl. leasehold improvements & lease pass-through expenses)				
Printing Expenses				
Equipment				
Office Supplies				
All Telecommunications Lines				
Other (Must list detail)				
<b>Total Additional Expenses not related to above</b>				
<b>Total All Expenses</b>				

**Expand Schedule as Needed** (keep formulas consistent)

Expenses in each component should be aggregated by type. The expense types shown are examples only. If more expense types are needed add rows and link appropriately